

STUDENT REGISTRATION FORM

Name of Child: _____
Last First Middle

Name that you wish your child to be called _____

Social Security Number _____

Date of Birth _____ Place of Birth _____

Birth Certificate Number _____ Verified by _____

Race _____ Sex _____

Father's Name _____

Occupation _____ Employed by _____

Father's Address _____

Father's Work Phone _____ Home Phone _____

Cell Phone (if applicable) _____ E-Mail _____

Mother's Name _____
Last First Maiden

Occupation _____ Employed by _____

Mother's Address (if different) _____

Mother's Work Phone _____ Home Phone _____

Cell Phone (if applicable) _____ E-Mail _____

Child lives with: Both Parents _____ Father _____ Mother _____ Other _____

Guardian (if applicable) _____

List other siblings in school _____

If your child has any health problems or if there are any family health problems, which might be hereditary, please specify: _____

(Please Complete Back of Page)

In case of an emergency, please list at least two names and phone numbers of relatives/friends that we can contact if the parents cannot be reached.

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Please list the names and addresses of anyone who is NOT allowed to pick your child up at school.

Name	Address	Relationship
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Name	Address	Relationship
------	---------	--------------

Name	Address	Relationship
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If there are any legal proceedings currently underway regarding the child (children) please make sure the school has up to date copies on file in our records.

Bus Driver's Name (if known)_____ Bus Number_____

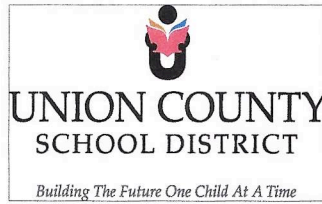
Last School Attended attended: _____

Did your child receive any special services (gifted, special education, speech)?

Yes____ No____

If so, please list which service:_____

FILL IN ONLY THE INFORMATION APPLICABLE FOR YOUR CHILD (CHILDREN)



Residency Registration and Documentation Checklist
To Be Completed By Parent or Legal Guardian

School: _____

Name of Student: _____

Name of Parent or Legal Guardian: _____

Parent or Legal Guardian Address: _____

I hereby certify that the information given above on this form is a true and correct statement of my legal residence. Should my legal residence change while the above listed student is enrolled in the Union County School District, I will promptly notify the school administration. Furthermore, I understand that a student is not legally enrolled until this form is completed and signed by the parent or legal guardian with whom the student is living. I understand that a student admitted under false information is not legally enrolled and is subject to penalty.

Signature of Parent or Legal Guardian

Date

Phone Number

To Be Completed By The School District

- _____ 1. Documents provided to me by Parent/Legal Guardian (Minimum of TWO is required by all students)
- _____ Affidavit
 - _____ Filed homestead exemption application form
 - _____ Mortgage documents or property deed
 - _____ Apartment or Home Lease
 - _____ Utility Bills (light, gas, water, phone) *Must be current!*
 - _____ Automobile Registration
 - _____ Personal visit by a designated school district official
 - _____ Other documentation that will positively establish that the parent or guardian lives in the school district full time (pay check stubs, bank account statements, insurance statements)
- _____ 2. Student living with legal guardian provided a copy of the court order appointing guardianship or petition showing guardianship is pending.
- _____ 3. Student is homeless as defined by the Stewart B. McKinney Act 42 USC Section 11431(1), 11432 (e)(4) and 11302(a), the school district shall consider and take enrollment action that is in the best interest of the child pursuant to 40 USC 11432(e)(3).
- _____ 4. Student does not live in the Union County School District. A release form from the Superintendent's office in which student resides must be submitted. Tuition must be paid before student can attend school in the Union County School District.

Date: _____

Signature by School Representative: _____



UNION COUNTY SCHOOL DISTRICT

Building The Future One Child At A Time

Parental Permission Pick-Up & Emergency Release List

Please list anyone allowed to pick-up your child at school (***including parents/guardians names***). If you send someone else to pick up your child that is not on the list, YOU **MUST** CALL THE SCHOOL AND LET THEM KNOW. This list will also be used in case of an emergency.

Student Name: _____ Grade: _____

Parent: _____ Phone: _____

Parent: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____



UNION COUNTY SCHOOL DISTRICT

Building The Future One Child At A Time

Union County School District Home Language Survey

STUDENT INFORMATION

Student Name _____ Grade _____
First Middle Last

Date of Birth _____ Gender _____ School _____

1. What is the dominant language most often spoken by the student? _____

2. What is the language routinely spoken in the home, regardless of the language spoken by the student? _____

3. What language was first learned by the student? _____

4. Does the parent/guardian need interpretation services? Yes No If so, what language?

5. Does the parent/guardian need translated materials? Yes No If so, what language?

6. What was the date the student first enrolled in a school in the United States? _____
MM/YYYY

7. In what country was the student born? _____

Parent / Guardian Signature

Date (MM/DD/YYYY)

DISTRICT USE ONLY

[] Designated English Learner on the LAS Links Screener

DOCUMENTATION OF LAS LINKS SCREENER FOR STUDENT

Date	Speaking Score	Listening Score	Reading Score	Writing Score	Composite Score

KEN BASIL
Superintendent

WENDY FAULKNER
Assistant Superintendent

BOARD OF TRUSTEES
MICKEY BASIL
MIKE BROWNING
TERRY COOK
WAYNE MAHON
DAPHNIA McMILLEN

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P.O. Box 939 • 250 Carter Avenue • New Albany, MS 38652



UNION COUNTY SCHOOL DISTRICT

Building The Future One Child At A Time

Encuesta de Idioma del Hogar del Distrito Escolar del Condado de Union

INFORMACIÓN DEL ESTUDIANTE

Nombre del estudiante _____ Grado _____
Primer nombre Segundo nombre Apellido

Fecha de nacimiento _____ Sexo _____ Escuela _____

1. ¿Cuál es el idioma dominante más hablado por el estudiante? _____
2. ¿Cuál es el idioma que se habla habitualmente en el hogar, independientemente del idioma que hable el estudiante? _____
3. ¿Qué idioma aprendió el estudiante por primera vez? _____
4. ¿Alguno de los padres/ guardianes necesita servicios de interpretación? Si o No
Si es así, ¿en qué idioma? _____
5. ¿Los padres / guardianes necesitan materiales traducidos? Sí o No
Si es así, ¿en qué idioma? _____
6. ¿En que fecha el estudiante se matriculó por primera vez en una escuela en los Estados Unidos?
_____ MM / YYYY
7. ¿En qué país nació el estudiante? _____

Firma de los padres / guardianes

Fecha (MM / DD / YYYY)

SÓLO PARA USO EN EL DISTRITO

[] Aprendiz de Inglés asignado por el examen LAS Links

DOCUMENTACIÓN DE LAS LINKS SCREENER PARA ESTUDIANTES

Fecha	Puntaje en Hablar	Puntaje en Escuchar	Puntaje en lectura	Puntaje en Escritura	Puntaje compuesto

KEN BASIL
Superintendent

WINDY FAULKNER
Assistant Superintendent

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